



APPLICATION FOR RECIPROCITY NATIONAL EXAM

Louisiana State Board of Cosmetology
11622 Sunbelt Court
Baton Rouge, LA 70809
(225) 756-3404

Please check one
[] Cosmetology
[] Manicurist
[] Esthetician
[] Instructor

Select language

- [] English
[] Vietnamese
[] Spanish

*****PLEASE PRINT*****

Full Name: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Social Security #: _____

Applicant's Individual Email Address: _____

State(s) where currently licensed _____

Name of the school attended _____

License # _____ Expiration Date _____ Initial Date _____

Please make sure the following is included along with this application:

- o Recent COLOR photo of applicant (passport sized)

Applicant Signature: _____ Date: _____

NO MONEY REQUIRED WITH THIS APPLICATION

THE NATIONAL TESTING FEES WILL BE PAID THROUGH THE TESTING COMPANY AT WWW.IQTTesting.com